



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L. c. 40, § 54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone?
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐
Demolition ☐ Accessory Bldg. ☐ Number of Units _____ Other ☐ Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN
OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, as Owner of the subject property, hereby authorize _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



Inspector of Buildings

Town of Egremont

P.O. Box 368

South Egremont, MA 01258

BUILDING PERMIT FEES

Building Permits:

Application	\$10.00	
Building Permit	\$50.00	additions & minor renovations, garages, decks, porches, accessory buildings up to \$10,000, add'l \$5.00 each \$1,000 over \$10,000
Building Permit	\$400.00	new structures with valuation up to \$100,000, add'l \$5.00 every \$1,000 over \$100,000.

Miscellaneous Fees:

Swimming Pools	In ground	\$100 up to the first \$10,000, add'l \$5.00 for every \$1000 thereafter
	Above ground	\$25.00
Demolition Permit	\$35.00	
Stove Permit	\$35.00	
Renewal of Building Permit	\$35.00	
Certificate of Use/Occupancy	\$45.00	
Repeat inspections	\$25.00	
Chimney - Stainless Steel Liner	\$25.00	
Foundations	\$5.00 per thousand	

Note: All fees will be doubled for any work started prior to obtaining a proper building permit. Payment of such double fee shall not relieve any person(s) from fully complying with the requirements of the building code in the execution of the work, nor from any other penalties.

Telephone (413) 528-0182 Ext. #13

Town Offices - Route 71

Fax (413) 528-5465

Egremont Board of Health

Building Demolition Guidelines

(Revised 5/12/2009)

1. **Get a permit** application from the Building Inspector.
2. **Get Sign Offs** from all required departments including the Fire Department and the Board of Health. (The Board of Health will inspect the property after all the following issues are addressed before signing the permit application.)
3. **Call ALL Utilities** including gas, electric, water, sewer to properly disconnect services.
4. **Septic Systems** must have the septic tanks filled if this system is not going to be re-used. This requires a separate BOH permit. If the septic system is going to be re-used, you must protect the tank and fields from cement trucks and other heavy vehicles. Septic system may require an inspection before being re-used.
5. **Oil Tanks** must be pumped and properly removed. This requires a fire department permit.
6. **Mercury Thermostats** should not be put in dumpsters. It leaks out, creating a health hazard. They can be taken to Egremont Town Hall where there is a disposal bin or they can be recycled on hazardous waste days, sent to a hazardous waste hauler or taken to an organization like CET. (Center for Environmental Technology)
7. **Florescent Lights** and ballasts should not be placed in dumpsters. They can be dangerous when crushed and are also potentially hazardous waste. They must be removed and properly disposed of.
8. **Rodents** should be baited for one week in the building with no activity before the demolition permit can be signed. A licensed pest control firm report or bill should be presented for all Food Establishment. Housing may be done with bait boxes by the homeowner.
9. **Asbestos** depending on the type of structure being demolished an asbestos survey may be necessary. If asbestos is present it must be removed by a licensed removal firm before the demolition. Present a bill or report.
10. **Chemicals, paints, etc.** should not be left in the building, but removed and properly disposed of.
11. **Call the Board of Health** for an inspection when everything is completed.
12. **Neighbors** should be alerted to the demolition process and care should be taken to keep dust and other nuisances from impacting neighboring properties.

TOWN OF EGREMONT

Office of the Inspector of Buildings

P.O. Box 368, South Egremont MA 01258

413-528-0182

Building Permit Application - Sign off

The following Town Officials, as required by the Building Inspector, must review the plans for this building project and sign on the appropriate line below.

APPLICANT'S NAME: _____

TELEPHONE NUMBER: _____ DATE OF APPLICATION _____

SIZE OF PARCEL _____ (acres) MAP NO. _____ PARCEL NO. _____

STRUCTURE TO BE USED FOR _____

STATEMENT TO APPLICANT

The applicant should understand that a waiting period of no more than 30 days may be required prior to the granting of a building permit.

APPLICANTS STATEMENT

I, the undersigned, certify that all permit information, as required is accurate and complete and has been submitted to the best of my knowledge.

Date

Applicants signature

The project and the complete plans has been reviewed by the following Boards, and Officials, as required by the Building Inspector.

Board of Health

Date

Road Superintendent

Date

Conservation Commission

Date

Date

TOWN OFFICIAL: Please give reasons below if a permit should not be issued. Thank you.

Demolition Permit Sign Off Sheet (Supplement to sign off sheet)

I, _____, hereby supply the following releases as part of the application for a permit to demolish the structure located at: _____ and is shown on the assessor's maps of _____ as being on Map _____ Lot # _____ and is currently owned by _____.

The seventh edition of the Massachusetts State Building Code, 780 CMR- section 5112.1 states in part *"A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that there respective service connections and appurtenant equipment, such as; meters and regulators have been removed or sealed and plugged in a safe manner."*

No utilities are connected to structure being demolished Date: _____ Signed: _____
OR find sign-offs below

Gas Co.	Date:	Verified by:
Telephone Co.	Date:	Verified by:
Electric Co.	Date	Verified by:
Public Utilities (municipal)	Date:	Verified by:
Health Department (water)	Date:	Verified by:
Health Department (sewer)	Date:	Verified by:
Health Department (baiting)	Date:	Verified by:
Fire Department	Date:	Verified by:
Conservation Commission	Date:	Verified by:

Name of demolition debris hauler: _____
Location of licensed demolition debris landfill: _____
Notification of adjoining property owner-Date: _____ Signed: _____

Signature of Applicant _____ Date: _____

This sheet must be returned to the Inspections Department along with a completed application for permit along with a site plan, and any other applicable information and fees.

BUILDING PERMIT AFFIDAVIT

Home Improvement Contractor Law
Supplement to Permit Application

The Massachusetts State Building Code 780 CMR: Licensing of Construction Supervisors; 108.3.5 Except for those structures governed by Construction Control in 780 CMR 116.0, effective July 1, 1982, no individual shall be engaged in directly supervising persons engaged in construction, reconstruction, alterations, repair, removal, or demolition involving an activity regulated by any provision of 780 CMR, unless said individual is licensed in accordance to the Rules and Regulations for Licensing Construction Supervisors as set forth in 780 CMR R5.

No person shall be engaged in the supervision of the field erection of a manufactured building unless such person is licensed in accordance with 780 CMR R5: The Rules and Regulations for the Licensing of Construction Supervisors.

EXCEPTION: Any Home Owner performing work for which a building permit is required shall be exempt from the licensing provisions of CMR 780 108.3.5, provided that if a Home Owner engages a person(s) for hire to do such work, that such Home Owner shall act as supervisor. **This exception shall not apply to the field erection of a manufactured building constructed pursuant to 780 CMR 35 and 780 CMR R3.**

108.3.5.2 Exemptions from Construction Supervisors License Requirement: A construction Supervisor's License is not required for roofing, siding, erection of rooftop solar collectors, construction of swimming pools, the erection of signs, installation of replacement windows not involving structural modifications, the erection of tents.

108.3.5.3 No municipality shall be prohibited from requiring a license for those individuals.

MGL C. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

780 CMR: State Board of Building Regulations and Standards

108.3.6 Registration of Home Improvement Contractors: In accordance with the provisions of MGL C. 142A, no Home Improvement Contractor, or organization or firm shall be involved in the improvement of any existing owner occupied one to four family residential building unless said Home Improvement Contractor has registered with the BBRS in accordance with the rules and regulations of Home Improvement Contractors as set forth in 780 CMR R6.

NOTICE IS HERE BY GIVEN: OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL C.142.

TYPE OF WORK: _____ EST. COST _____

ADDRESS OF WORK: _____

OWNER NAME: _____

Registration is not required for the following reason(s):

_____ Work excluded by law
_____ Job under \$1,000.00
_____ Owner pulling own permit

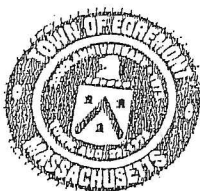
Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

OWNER

DATE

APPLICANT/CONTRACTOR (IF APPL.)

DATE



Homeowner License Exemption

Date: _____

Job Location: _____

Number and Street Address

Section of Town

Homeowner: _____

Present Mail Address: _____

Home Telephone Number: _____

Work Phone _____

The current exemption for "homeowners" was extended to include owner-occupied dwellings of six units or less to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Sec. 109.1.1)

Definition of Homeowner: Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Sec.109.1.1)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Egremont Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

Homeowners Signature(s) _____

Approval of Building
Official: _____

Date: _____

NOTE: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 127.0, Construction Control.

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

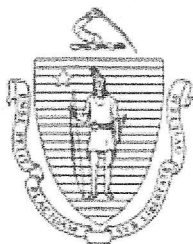
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

DEBRIS DISPOSAL FORM

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

LOCATION OF FACILITY

Signature of Applicant

Date

AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Date

Signature of Permit Applicant

(PRINT OR TYPE THE FOLLOWING INFORMATION)

Name of Permit Applicant

Firm Name, if any

EGREMONT BOARD OF HEALTH

Rules and Regulations Governing the Use of Dumpsters and Roll-Off Containers for the Storage of Garbage, Refuse, Hazardous Waste, and/or Construction and Demolition Waste

Section 1. Findings and Purpose

Whereas health, safety and nuisance problems have arisen from misuse and mismanagement of dumpsters and roll-off containers,

The Board of Health of the Town of Egremont, pursuant to Massachusetts State Sanitary Code 105 CMR 410.000, Massachusetts General Law Chapter 111 Section 31B and MGL Chapter 111 Section 122 hereby adopts these rules and regulations in order to minimize health and safety hazards resulting from noxious odors, vermin infestation, sources of filth, combustible materials and the like to ensure proper techniques in the use and location of these dumpsters and roll-off containers, to promote the public comfort and convenience and to encourage recycling.

Section 2. Definitions

- a) Construction and Demolition Waste: Materials commonly used or found in building construction that are not considered Hazardous Waste.
- b) Dumpster: A covered receptacle, etc. which is stored outside an enclosed building and which holds household and/or commercial organic garbage as well as other refuse.
- c) Garbage: Food related waste including paper soiled with food or grease.
- d) Hazardous Waste: As currently defined and regulated by Massachusetts Department of Environmental Protection.
- e) Hazardous Waste Hauler: Anyone who transports Hazardous Wastes for anyone other than their personal use.
- f) Medical Waste: Any solid waste including biological waste as defined by the Massachusetts Department of Public Health that is generated in research or the diagnosis, treatment, or immunization of human beings or animals.
- g) Medical Waste Hauler: Anyone who transports Medical Wastes other than those for their personal use.
- h) Recyclable Waste: As currently defined by local and state regulations.
- i) Refuse: solid waste, rubbish, trash, debris, garbage
- j) Roll-off Container: An open receptacle which usually holds construction and demolition waste.
- k) Solid Wastes: garbage, refuse, medical waste and/or hazardous waste
- l) Solid Waste Hauler: Anyone who transports solid wastes for other than their personal use.

Section 3. Requirements

Permits/Renewal of Permits

- A. Solid Waste Hauler Permit: All solid waste haulers that operate in or through the Town of Egremont require an annual Board of Health (BOH) permit. Solid waste haulers owning dumpster or roll-off containers and/or hauling waste from permanent or semi-permanent dumpsters serving a restaurant, B&B, inn, solid waste generator, etc. are required to obtain an annual Solid Waste Haulers permit from the Board of Health. Permit fees are as set by the Board of Health. Board of Health may waive the requirement for a Solid Waste Hauler permit and/or permit fee for temporary, one-time dumpster or roll-off container haulers. Dumpsters must be emptied when full and not allowed to create nuisances or harborage for insects or animals.
- B. Dumpster Permit: All dumpsters require a BOH permit unless waived by the BOH. All dumpsters must prominently display the name of the owner and valid contact information. Waivers are automatically granted for temporary or one-time dumpster that are filled and emptied in less than one week and do not cause any potential health hazards.
- C. Roll-off Container Permit: All roll-off containers require a BOH permit unless waived by the BOH. All roll-off containers must prominently display the name of the owner and valid contact information. Permit waivers are automatically granted for temporary or one-time roll-off containers that are filled and removed in less than two weeks and do not cause any potential health hazards. Roll-off container permit fees may be waived for roll-off containers that are issued as part of an active building permit and that are onsite two weeks or less. Roll off containers must be emptied when full and not allowed to create nuisances or harborage for insects or animals.
- D. This regulation shall apply to existing as well as new dumpsters and roll-off containers when these regulations become effective. Applicant must state on the permit the anticipated date the roll-off container will be removed. If that date cannot be met a one-time permit renewal, with a new removal date, can be requested. Roll-off container permits may be issued by the Builder Inspector or the Town Office Administrator as well as the Board of Health.

Placement

- A. All dumpsters and roll-off containers must be placed in a location and manner that do not create nuisances or potential health hazards, conditions or odors.
- B. All dumpsters and roll-off containers must be placed more than twenty-five (25) feet from any public way or lot line unless written permission is obtained from the Board of Health or its agent.

Size and Construction

- A. Dumpsters and roll-off containers shall be of sufficient size to properly contain the garbage and/or refuse accumulated between collections.
- B. All dumpsters or roll-off containers must be constructed of metal or other durable material.

- C. All dumpsters must be constructed in such a way as to be leak-proof, vermin resistant.
- D. All dumpsters must be provided with suitable, tight-fitting covers.

Acceptable Contents

- A. Dumpsters: kitchen and food waste, common packaging material, bottles, cans, paper, cardboard, etc. State recycling laws must be adhered to.
- B. Roll-off containers: Construction and demolition waste. Kitchen and food waste or any waste which attracts insects and/or rodents are **not** permitted and must be placed in a covered receptacle which is emptied on a regular basis before spoilage and associated odors and health concerns occur.

Scheduling of Collection and/or Removal of Contents

- A. Dumpsters: If the dumpster is a permanent or semi-permanent fixture its contents will be emptied and hauled on a regular schedule to eliminate the possibility of spoilage, rot, decomposition and associated odor and health hazards.
- B. Roll-off containers: Construction and demolition roll-off containers will be emptied, hauled or removed when they are either full (average height of contents extends over the edge of container), construction work has ceased or when the contents become a health hazard.

Maintenance

- A. All dumpsters or roll-off containers must be emptied with sufficient frequency and in such a manner as to prevent the creation of objectionable conditions.
- B. All dumpsters or roll-off containers must be cleaned and deodorized with sufficient frequency as to prevent objectionable conditions and odors.
- C. All dumpsters must be kept covered at all times.

Section 4. Responsibility for Implementation

- A. The owner, or his agent, of the property on which the dumpster or roll-off container is located will be held responsible for the implementation of all the rules and regulations.
- B. The Board of Health has the right to order the owner of any dumpster or roll-off container to immediately remove the dumpster or roll-off container at the owner's expense if the dumpster or roll-off container is causing a potential nuisance or health hazard.

Section 5. Scope of These Rules and Regulations

- A. These regulations shall in no way nullify the requirements of the Articles of the State Sanitary Code or Massachusetts General Law or other regulations pertaining to health, disease or safety.

Section 6. Fines and Penalties

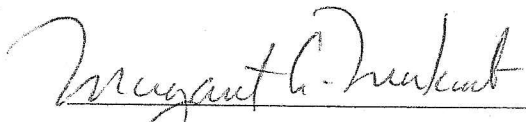
- A. Homeowner will have one week to remediate a violation. After that week remaining violation(s) will result in a fine of \$25 per day doubling every day after that.

Section 7. Invalidation of These Regulations

- A. If any section paragraph, sentence, clause or phrase of these rules and regulations shall be ruled invalid for any reason whatsoever, such decision shall not affect the remaining portions of these regulations, which shall remain in full force and effect; and to this end the provisions of these regulations are hereby declared severable.

Section 8. Adoption and Date of Effect

- A. These rules and regulations were adopted by vote of the Board of Health, Town of Egremont, Massachusetts on June 24, 2010, and shall become effective upon signature of the Town Clerk.



Margaret Muskrat, Egremont Town Clerk

7/6/10
Date

TOWN OF EGREMONT
APPLICATION FOR DUMPSTER AND ROLL-OFF CONTAINER
PERMIT

(Pursuant to Section 31B and 122 MGL111, 105 CMR 410.00, and the Rules and Regulations Governing the Use of Dumpster and Roll-off Containers for the Storage of Garbage, Refuse, Hazardous Waste, and/or Construction and Demolition Waste of the Egremont Board of Health)

Date_____

Application is hereby made for a permit to maintain a dumpster or roll-off container on property, as listed before, in accordance with the Rules and Regulations of the Board of Health.

Check whether permit is for:

☐ Residential Use ☐ Commercial Use

Estimated date of delivery of dumpster/roll-off:_____

Estimated removal date:_____

Name of Property Owner: _____

Applicant for permit:_____ Tel. No._____

On bottom half of this form, please sketch an outline of property, showing the proposed location of dumpster/roll-off. Give distance from dumpster to other buildings and lot lines or boundaries. Use back side of this application if additional space is needed.

Return this application with fee of \$25 to: Board of Health, Egremont Town Hall,
P.O. Box 368, South Egremont, MA 01258

Official Use Only:

Application reviewed by:_____

Payment Received:_____

Permit Number:_____

Dumpster/Roll-off will be removed no later than:_____